



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No. : 09/740,679 Confirmation No.: 6074  
Applicant : J. Stuart Cumming  
Filing Date : December 19, 2000  
Title : ACCOMMODATING INTRAOCULAR LENS  
Group Art Unit : 3732  
Examiner : Eduardo C. Robert  
Docket No. : 13533.4033  
Customer No. : 34313

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated <insert date>.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
	<b>Fee</b>	<b>\$0.00</b>

☒ If an additional extension of time is required, please consider this a petition therefor.

CERTIFICATE OF MAILING  
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: January 19, 2005

DOCSOC1:158980.1

Name of Person Signing Document

Applicant :  
Appl. No. :  
Examiner :  
Docket No. :

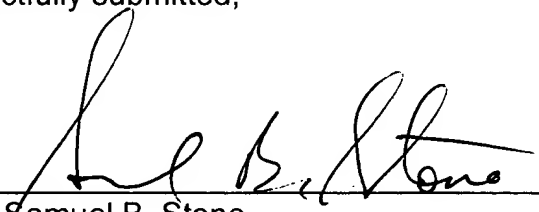
Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$0.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  
B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

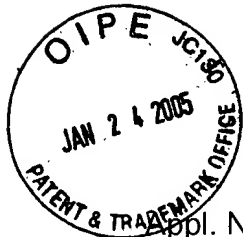
	Claim remaining after amendment	Highest number of claims previously paid for					
Total Claims	16	- 52	=	0	x	\$50.00	\$0.00
Independent Claims	3	- 3	=	0	x	\$200.00	\$0.00
Application Size Fee ((\$250 for each additional 50 sheets or fraction thereof)	200	- 100	=	100	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)		<input type="checkbox"/>			\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)		<input checked="" type="checkbox"/>			\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>							<b>\$0.00</b>
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/>							\$0.00
Extension of Time (from above)							\$0.00
Assignment -- \$40 (if applicable)				<input type="checkbox"/>			\$0.00
<b>TOTAL FEES SUBMITTED HERewith</b>							<b>\$0.00</b>

Respectfully submitted,

Dated: January 19, 2005

By:   
Samuel B. Stone  
Reg. No. 19,297

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Customer Number: 34313



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**RESPONSE TO OFFICE ACTION**

Sir:

In response to the Office Action dated November 29, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 16 of this paper.

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37 CFR §1.8

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Dated: January 19, 2005

DOCS1:158292.1

Jodie Davis